

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE OF	NLY
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STATE ETHICS ETHMISCH	

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Tsujimura	Rick		521-9500	
MAILING ADDRESS (Street)			FAX	
745 Fort Street Mall, 17th Floor			541-9050	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
N/A				
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
General Motors Corporation	(313) 665-2979		
MAILING ADDRESS (Street)	FAX		
300 Renaissance Center,	(313) 665-0735		
(City)	(State)	(Zip Code)	
Detroit	Michigan	48265-3000	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
J. E. Berry		(313) 665-2979	
MAILING ADDRESS (Street)		FAX	
300 Renaissance Center,	MC: 482-C27-D21	(313) 665-0735	
(City)	(State)	(Zip Code)	
Detroit	Michigan	48265-3000	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATI	ION OF LOBBYIST				
I hereby certify that	he information furnished above	ve is, to the best of my knowled	Ige, correct and complete.		
	De la		4/25/07		
1/	rum/(of				
	(Signature of Lobbyis)		(Date)		
	TION TO LODDY				
PART V AUTHORIZA	TION TO LOBBY	TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED		
J. E. Berry					
NAME OF ORGANIZATION (i	f applicable)		TELEPHONE		
General Motors Corpo			(313) 665-2979		
MAILING ADDRESS (Street)			FAX		
300 Renaissance Cen	nter, MC: 482-C27-D21		(313) 665-0735		
(City)	(State)		(Zip Code)		
Detroit	Michiga		48265-3000		
I hereby authorize the above - named person to engage in lobbying a ctivities on behalf of the undersigned.					
//	172		-25-07		
(Signature of	f Authorizing Officer or Person Repro		(Date)		
L					